

**INVENTORY OF ON-SITE TESTING DEVICES
U.S. PRETRIAL SERVICES**

FOR MONTH ENDING: _____

Vendor: _____

Site Location: _____

Telephone Number: _____

	6-PANELS	5-PANELS	SWEAT PATCHES	SINGLES	SINGLES
Devices on hand at beginning of month:				N/A	N/A
Devices received during month:				N/A	N/A
Devices used during month:				N/A	N/A
Devices on hand at end of month:				N/A	N/A

Vendor Signature: _____

Date: _____

Print Name: _____

VENDORS: Please FAX your inventory sheet before the 10th of the month to:

ADRIANA CORONA-BUERGO

Voice No. (213) 894-5395 / Fax No. (213) 894-0231